TRANSITION TO LODA HEALTH BENEFITS PLANS -QUESTIONS AND ANSWERS FOR PARTICIPANTS AND EMPLOYERS-

LODA Participants:

Q1. I already have health plan coverage, and LODA is paying the premium cost. Do I have to enroll in the LODA Health Benefits Plans, or can I just keep my current plan?

Effective July 1, 2017, the new LODA Health Benefits Plans will be the only choice for premium-free coverage based on the provisions of the Line of Duty Act. All existing participants must complete the enrollment form provided with the transition booklets that were mailed on March 27. Failure to transition to the new LODA Health Benefits Plans can result in interruption or loss of eligibility for the LODA health coverage benefit. Enrollment forms must be received by April 14, 2017, to avoid delay in coverage.

Q2. My local employer currently has insurance that covers the health plan cost for our LODA beneficiaries. Will that change? Do I need to do anything?

All existing LODA health coverage participants must enroll in the new LODA Health Benefits Plans to maintain their premium-free LODA coverage starting July 1, 2017. The locality through which participants gained eligibility for LODA premium-free coverage is responsible for paying their health plan premiums per the provisions of the Line of Duty Act. If the locality does not participate in the Line of Duty Health Benefits Trust Fund and has an insurance arrangement that covers the cost of LODA health plan coverage, the locality will still receive the premium invoice and is responsible for ensuring that the premium payment is made by the due date. The employer may be able to arrange with the third party to either pay the invoice or reimburse the locality. However, DHRM will not bill a third party for LODA Health Benefits Plans premiums. (Note: this does not apply to state agencies since they all participate in the Line of Duty Health Benefits Trust Fund.)

Q3. I don't know if my Workers' Compensation benefit was settled. How do I answer that question on the enrollment form?

If you are a surviving spouse or surviving child, you may answer "No." If you are LODA-disabled and do not know if your case is settled, leave this answer blank.

Q4. I am retired and eligible for Medicare, but since I have had health plan coverage through LODA, I have never enrolled in Medicare. Do I need to do anything?

See Question #4 in your booklet. If you are eligible for Medicare and no longer actively working for a LODA employer (including Survivors), you must obtain Medicare Part B to be enrolled in the LODA PLAN — MEDICARE PRIMARY. Contact Social Security immediately to arrange for enrollment by calling 1-800-772-1213.

If you are LODA-disabled, still actively working for a LODA employer, and you are eligible for health coverage through your active employment, you may postpone Medicare enrollment. (The only exception is eligibility due to End Stage Renal Disease.)

Q5. I will have other health plan coverage in addition to the LODA Health Benefits Plans. Can I use my VRS Health Insurance Credit toward the cost of the other (non-LODA) coverage?

Section 9.1-401 of the Line of Duty Act states that if any disabled person or eligible spouse is receiving LODA Health Benefits Plans benefits and also qualifies for the VRS health insurance credit, the amount of the credit shall be deposited in the Line of Duty Death and Health Benefits Trust Fund or paid to the non-participating employer. It would not be paid toward the cost of additional coverage.

Q6. Will my Workers' Compensation Award affect my LODA Health Benefits Plans coverage?

If you received a lifetime medical award for your Workers' Compensation injury or illness, it will pay claims related to the compensable injury or illness. Those covered services will be excluded from coverage under the LODA Health Benefits Plans. This applies even if your right to the award is waived or if a settlement is reached.

Q7. I am currently enrolled in the State Retiree Health Benefits Program. Do I have to terminate my coverage to enroll in the LODA Health Benefits Plans?

Yes, all LODA participants must terminate their current coverage effective June 30, 2017 (no sooner!), in order to transition to the new LODA Health Benefits Plans, which are the only plans available for the premium-free LODA coverage provided as a benefit under the Line of Duty Act. However, remember that the LODA Health Benefits Plans are modeled after state plans—your transition booklet has more information.

Employers:

Q1. As a local employer, I would rather keep our locality's Line of Duty participant in our own employer group health plan. Do I have to enroll our LODA participants in the new LODA Health Benefits Plans?

The Line of Duty Death and Health Benefits Trust Fund will pay the premium for coverage in the new LODA Health Benefits Plans for LODA participants whose eligibility is through a participating employer. The LODA Health Benefits Plans is the only program that is available for those participants.

Non-participating localities (those that have opted out of the Line of Duty Death and Health Benefits Trust Fund) will have to pay any LODA Health Benefits Plans premium directly to the Department of Human Resource Management (DHRM) as administrator of the plans. Per the Code of Virginia, LODA disabled persons, eligible spouses and eligible dependents shall be afforded continued health insurance coverage as provided in section 9.1-401 (the LODA Health Benefits Plans), the cost of which shall be paid by the non-participating employer to DHRM. In return for the premium payment, the LODA Health Benefits Plans assume the total claims risk for all participants.

Q2. My locality has insurance for LODA expenses through a third party. Do I have to do anything?	
Please see Question #2 in the Participant section.	